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ADIZONA S	STATE BOARD OF HEALTH State File No. 7 168
	C)C)
STANDA	OARD CERTIFICATE OF BIRTH
	State augona
County 4000	100 0 0
District or Township	or Villago Clay PT
City mani No	St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)
	If child is not yet named, make
tois alia	If child is not yet named, make supplemental report, as directed.
2. Full name of child	
3. Sex of Child To be answered ONLY \ 4. Twin, telp	iplet or other 6. Legitimate? 7. Date Wass 16 1917
/ in event of plural	of birth.
fernale births. 5. No., in ord	order of birth Year Month Day Year
PARTIER	14. MOTHER
8. A FATHER M	
Full name decors Cedric Marino	on Full maiden name Martha Desolate Henry
	/
9. Residence	15 Residence
(Usual place of abode) Miann Un	(Usual place of abode) Many day
If non-resident, give place and state. Clayford	If non-resident, give place and state. Clay for
	16 Color or race
10. Color or race	2 10 COIOT OF TRICE
1.1.1.	(Years) White 17. Age at last birthday (Years)
White 11. Age at last birthdayQ	(Years) 17. Age at last birthday (Years)
•	
12. Birthplace (city or place)	18. Birthplace (city or place)
ma a a a a a a a a a a a a a a a a a a	(State or country) Nehrasta
(State or country)	
13. Occupation Million Nature of industry Oather mine	19. Occupation Honsewife
13. Occupation Million	Nature of industry
Nature of industry () Ilas mine	~ Mature or incomes
Copper	II
20. Number of children of this mother (a)	Born alive and now living 21. Were precautions taken against oph-
Cas	Born alive but now dead
	Stillborn 0 9-5
CERTIFICATE OF	F ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who	(Born alive or stillborn.)
(Simple of the control of th	12 domition
	ire
	Migui, anyon
child is one that neither breathes nor shows other evidence of life after birth.	(Physicial or-midwife).
Given name added from a supplemental report.	Address
Month, day, year	5(5) Xa > Amon
	Filed May 20 192) lococom
Registrar	Registrar
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